

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ME</i>		8/11/00
O.I.P.E. CLASSIFIER		12	8/15
FORMALITY REVIEW	<i>DMK</i>	691651	9/25/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/15/00
2	✓
3	✓
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If more than 150 claims or 10 actions  
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